

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/601655	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		1		1		1	54						
5		1		1		1	55						
6		1		1		1	56						
7		1		1		1	57						
8		6					58						
9		7		0		0	59						
10		7		0		0	60						
11		0		0		0	61						
12		0		0		0	62						
13		0		0		0	63						
14		0		0		0	64						
15		0		0		0	65						
16		0					66						
17		0					67						
18		0					68						
19				1		1	69						
20			1		1		70						
21				1		1	71						
22				1		1	72						
23				1		1	73						
24				1		1	74						
25				1		1	75						
26				1		1	76						
27				1		1	77						
28				3		3	78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		3		3		TOTAL IND.						
TOTAL DEP.	35		22		17		TOTAL DEP.						
TOTAL CLAIMS	36		25		20		TOTAL CLAIMS						

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